BETHEL HOME & SERVICES, INC.

614 SOUTH ROCK AVENUE

VI ROQUA Phone: (608) 637-2171 54665

Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 121 Yes Total Licensed Bed Capacity (12/31/01): 121 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 99 Average Daily Census: 96 ********************* ************************

Services Provided to Non-Residents	I	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 4
Supp. Home Care-Personal Care	Yes					1 - 4 Years	38. 4
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0. 0	Under 65	5. 1	More Than 4 Years	25. 3
Day Services	No	Mental Illness (Org./Psy)	44. 4	65 - 74	4.0		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	33. 3	•	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	32. 3	85 - 94	53. 5	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	4.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2. 0	ĺ	[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	8. 1	65 & 0ver	94. 9		
Transportati on	Yes	Cerebrovascul ar	8. 1	[']		RNs	10. 8
Referral Service	No	Di abetes	1. 0	Sex	%	LPNs	4. 0
Other Services	Yes	Respi ratory	4. 0		Ì	Nursing Assistants,	
Provi de Day Programming for	i	Other Medical Conditions	0. 0	Male	22. 2	Ai des, & Orderlies	37. 2
Mentally Ill	No			Female	77.8		
Provi de Day Programming for	j		100. 0		j		
Developmentally Disabled	No			ĺ	100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	3	100.0	315	60	88. 2	106	0	0.0	0	26	92. 9	120	0	0.0	0	0	0.0	0	89	89. 9
Intermedi ate				8	11.8	83	0	0.0	0	2	7. 1	120	0	0.0	0	0	0.0	0	10	10. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		68	100.0		0	0.0		28	100.0		0	0.0		0	0.0		99	100. 0

BETHEL HOME & SERVICES, INC.

Admissions, Discharges, and	*****	**************************************	of Rosidonts'	Conditi	**************************************	**************************************	:*************************************
Deaths During Reporting Period	ı	Tercenc Discribation	or mesitients	Condition	nis, services, a	and activities as of 12/	31/01
beachs builing kepolicing lelloc			0/2	Needi ng		Total	
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	25 . 0	Daily Living (ADL)	Independent		r Two Staff	<i>J</i>	Resi dents
Private Home/With Home Health	1. 9	Bathing	0. 0	one (70. 7	29. 3	99
	3. 7		11. 1		70. 7 70. 7	18. 2	99
Other Nursing Homes	57. 4	Dressing	25. 3		61. 6	13. 1	99
Acute Care Hospitals		Transferring					
Psych. Hosp MR/DD Facilities	1. 9	Toilet Use	15. 2		60. 6	24. 2	99
Rehabilitation Hospitals	0.0	Eating	61. 6	****	29. 3	9. 1	99
Other Locations	10. 2		*****	•			0/
Total Number of Admissions	108	Continence	1 0 .1 .	%	Special Treatme		%
Percent Discharges To:		Indwelling Or Externa		4. 0		spi ratory Care	5. 1
Private Home/No Home Health	38. 3	0cc/Freq. Incontinent		52. 5		cheostomy Care	0. 0
Private Home/With Home Health	0. 9	0cc/Freq. Incontinent	of Bowel	16. 2	Recei vi ng Suc		0. 0
Other Nursing Homes	7. 0				Receiving Ost		1. 0
Acute Care Hospitals	3. 5	Mobility			Recei vi ng Tub	e Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	17. 2	Receiving Med	chanically Altered Diets	12. 1
Reĥabilitation Hospitals	0.0	İ			· ·	·	
Other Locations	11.3	Skin Care			Other Resident	Characteri sti cs	
Deaths	39. 1	With Pressure Sores		4. 0	Have Advance	Di recti ves	85. 9
Total Number of Discharges		With Rashes		3. 0	Medi cati ons		
(Including Deaths)	115				Receiving Psy	choactive Drugs	51. 5
5		•			5 3	S	

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	This Facility	Non	ershi p: profi t Group	100 Peer	Si ze: - 199 Group	Ski	ensure: 11ed Group		lities
	%	%	Ratio	%	Rati o	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	79. 3	88 . 9	0. 89	83. 5	0. 95	84. 4	0. 94	84. 6	0. 94
Current Residents from In-County	78. 8	78. 4	1. 00	79. 2	0. 99	75. 4	1. 04	77. 0	1. 02
Admissions from In-County, Still Residing	29. 6	25. 3	1. 17	22. 5	1. 32	22. 1	1.34	20. 8	1. 42
Admissions/Average Daily Census	112. 5	108. 1	1.04	125. 7	0. 89	118. 1	0. 95	128. 9	0.87
Di scharges/Average Daily Census	119. 8	107. 3	1. 12	127. 5	0. 94	118. 3	1. 01	130. 0	0. 92
Discharges To Private Residence/Average Daily Census	46. 9	37. 6	1. 25	51. 5	0. 91	46. 1	1. 02	52. 8	0. 89
Residents Receiving Skilled Care	89. 9	90. 9	0. 99	91. 5	0. 98	91. 6	0. 98	85. 3	1. 05
Residents Aged 65 and Older	94. 9	96. 2	0. 99	94. 7	1. 00	94. 2	1. 01	87. 5	1. 09
Title 19 (Medicaid) Funded Residents	68. 7	67. 9	1. 01	72. 2	0. 95	69. 7	0. 99	68. 7	1. 00
Private Pay Funded Residents	28. 3	26. 2	1. 08	18. 6	1. 52	21. 2	1. 34	22. 0	1. 29
Developmentally Disabled Residents	0. 0	0. 5	0. 00	0. 7	0. 00	0. 8	0. 00	7. 6	0. 00
Mentally Ill Residents	44. 4	39. 0	1. 14	35. 8	1. 24	39. 5	1. 13	33. 8	1. 32
General Medical Service Residents	0. 0	16. 5	0. 00	16. 9	0. 00	16. 2	0. 00	19. 4	0. 00
Impaired ADL (Mean)	48. 3	49. 9	0. 97	48. 2	1. 00	48. 5	1. 00	49. 3	0. 98
	51. 5	48. 3	1. 07	48. 7	1. 06	50. 0	1. 03		0. 99
Psychological Problems								51. 9	
Nursing Care Required (Mean)	3. 2	7. 0	0. 45	6. 9	0. 45	7. 0	0. 45	7. 3	0. 43